





BRAND

JEWMC HOSPITAL

The 650-bed Japan East West Medical College Hospital has been inaugurated as a dedicated Covid-19 hospital to tackle the ongoing pandemic. For the first time a blend of Japanese & International standard healthcare facility in Bangladesh at Uttara: Japan East West Medical College Hospital. With a motive to serve the people of Bangladesh and to facilitate better healthcare system for the people, Aichi Medical Group of Bangladesh and Ship Aichi Medical Service Limited joined hands & was born in 2016.

GOLPO DESIGN PORTFOLIO



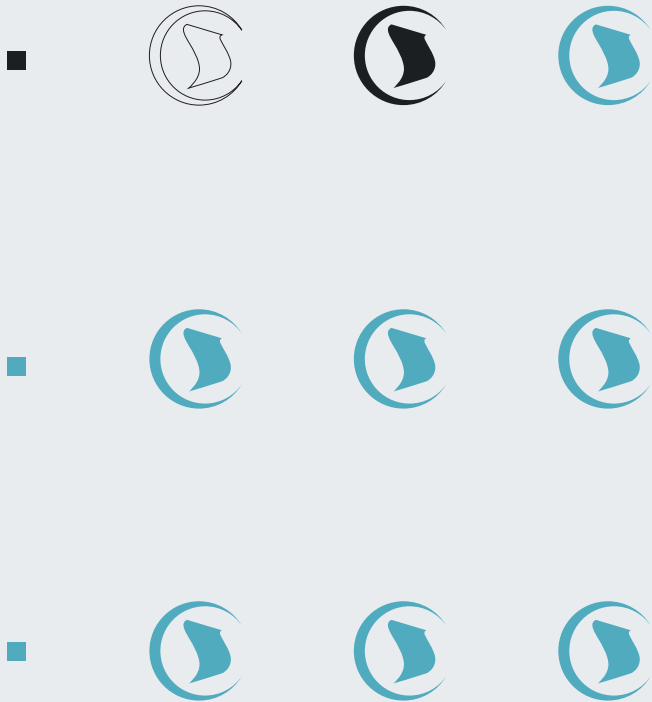
Logo

Color

Typography

Measurement

Color



The given logo has two shapes; one is a crescent and another is sail. The crescent symbolizes responsiveness in time of disaster, as supportive role for healing society's problems. The shape is an empathy symbol like "Red Crescent". The other shape, sail shows prosperity, growth and represents the leadership and the exploration from a place to another. All together the combination it shows the power of hospitality and serving customers for greater reason.

Typography

TRAJAN

ABCDEFGHIJKLMNOPQRSTUVWXYZ
ABCDEFGHIJKLMNOPQRSTUVWXYZ
1234567890.+-*!/@\$%&*()_+}{|":>?<

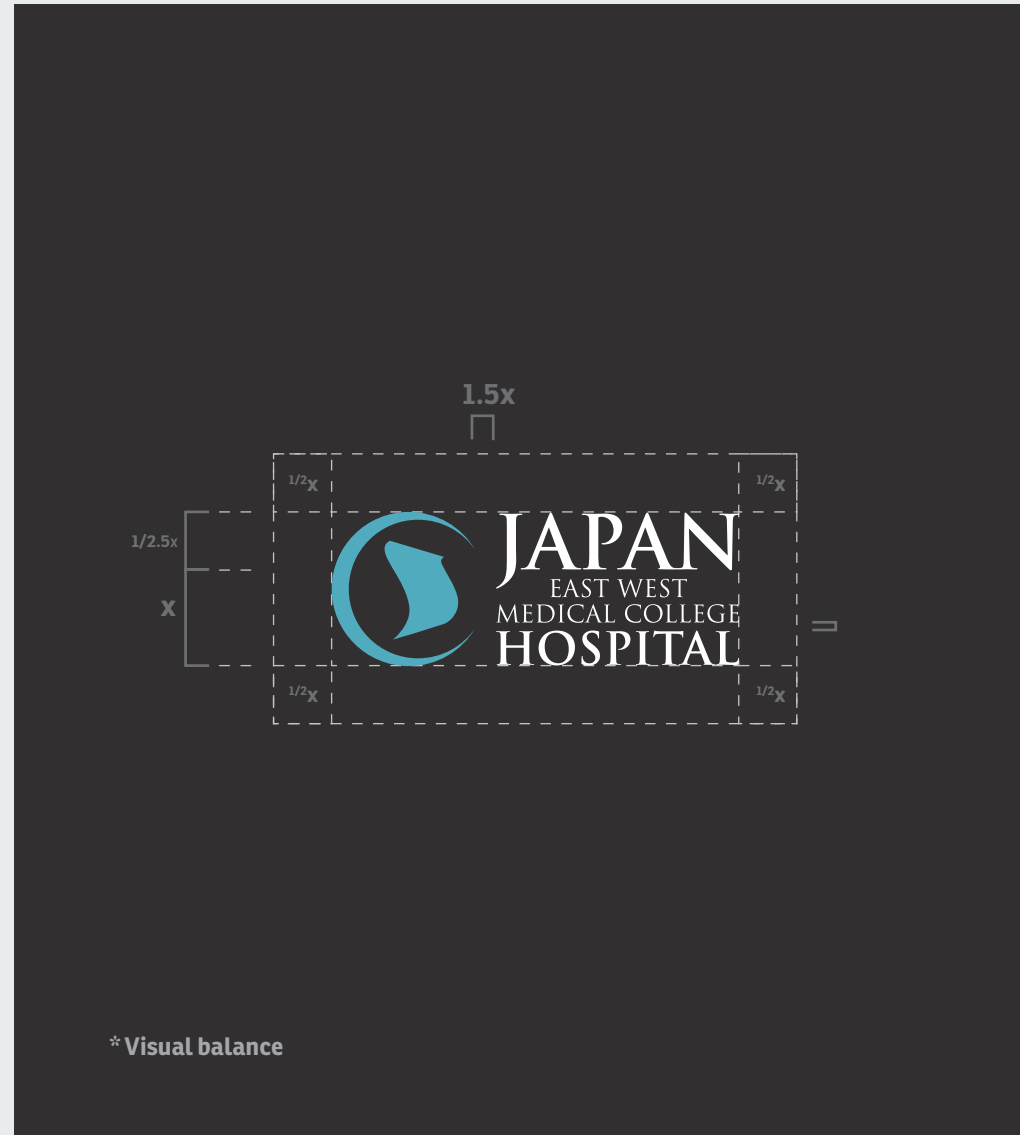
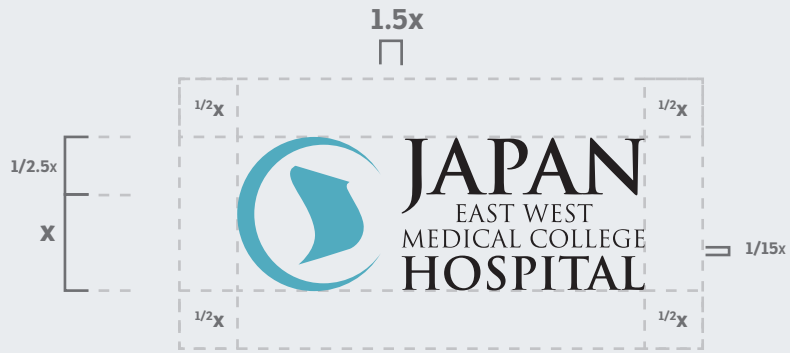
The design is based on the letterforms of "Capitalis Monumentalis" or Roman square capitals, as used for the inscription at the base of Trajan's Column from which the typeface takes its name. It has been designed for Adobe, a powerful tools for designing. This type face is a serif font with elegant, sweeping curves and due to its Roman typography inspiration is consequently an upper-case only font family. A secondary font named "Ronnia" is used beside the logo for resemblance the style since it has verity of width (regular, bold, light and italic).

Ronnia

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890.+-*!/@\$%&*()_+}{|":>?<



Measurement





Photography

Model
Environment



Environment





Social Media

Profile & Identifier

Facebook Cover

Facebook Post

Facebook Cover



Facebook Post

JEWMCH
Today at 02:30 · 🌐

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জাপান
ইস্ট কোয়েস্ট
মেডিকেল কলেজ
হাসপাতাল

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100.543 views

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হৃদরোগ
সচেতনতা
ক্যাম্পেইন

একটি সুস্থ হৃদপিণ্ড জীবনের অমূল্য উপহার

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কিডনী রোগ
সচেতনতা
ক্যাম্পেইন

JAPAN EAST WEST MEDICAL COLLEGE HOSPITAL

JAPAN EAST WEST MEDICAL COLLEGE HOSPITAL

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করোনা
চিকিৎসায়
আমরা প্রস্তুত

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**উত্তরায়
অত্যাধুনিক
চিকিৎসা
সেবা**

সুইন সেন্ট
কামারপাড়া
হাউস মিডিক
বেড়াবাধ
আশ্মল্লাহপুর

JEWMCH

JAPAN
EAST WEST
MEDICAL COLLEGE
HOSPITAL


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**FEELS LIKE
HOME**

**HIGH-CLASS
CABIN FACILITY**

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সেবায়
সেরা
চিকিৎসা

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JAPAN EAST WEST MEDICAL COLLEGE HOSPITAL

ওমিক্রন
করোনাভাইরাসের নতুন ভ্যারিয়েন্ট

জাপান ইস্ট ওয়েস্ট মেডিকেল কলেজ হাসপাতালে রয়েছে
আরটিপিসিআর টেস্ট, আইসোলোটেড এরিয়া, কেবিন ও
ওয়ার্ড থেকে শুরু করে সকল উন্নত ও আধুনিক সেবা।
স্বাস্থ্যবিধি মেনে চলুন, নিরাপদে থাকুন

HOTLINE 10654
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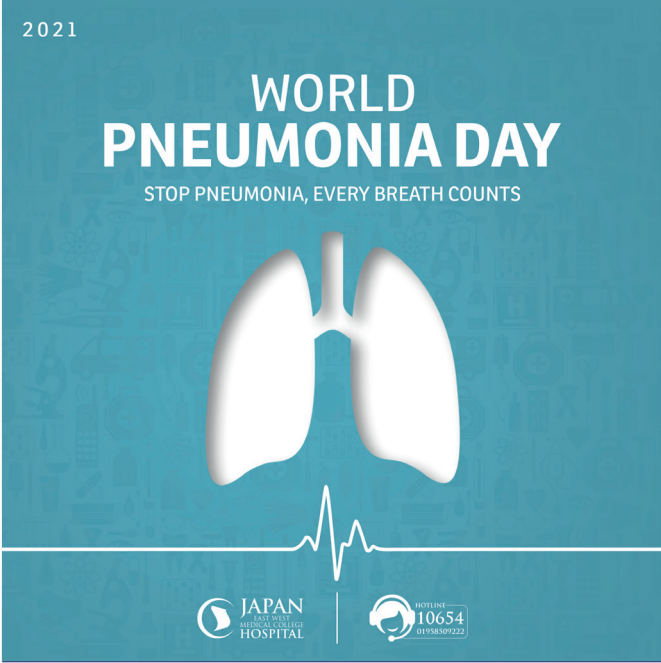
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2021

WORLD PNEUMONIA DAY

STOP PNEUMONIA, EVERY BREATH COUNTS

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করোনা
চিকিৎসা

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JAPAN WEST MEDICAL COLLEGE HOSPITAL

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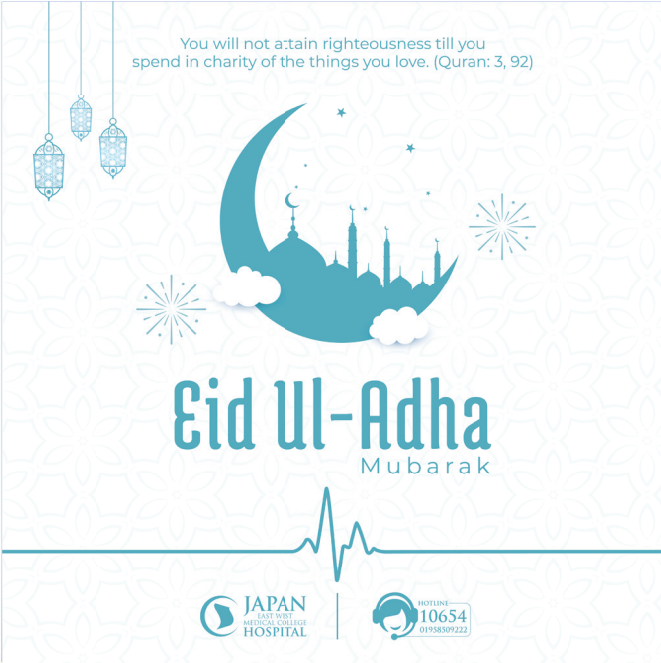
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You will not attain righteousness till you spend in charity of the things you love. (Quran: 3, 92)

Eid Ul-Adha
Mubarak

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সেরা চিকিৎসা**

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Campaign


Catheterization Laboratory
Free Health Campaign
Heart Failure Awareness Campaign
Kidney Disease Awareness Campaign
MRI Inauguration Ceremony

Women Health Awareness
World Diabetes Day
World Heart Day
Health Checkup Camp

Catheterization Laboratory

Date: 11.09.21 | Time: 11:00 am

INAUGURATION CEREMONY OF
**CRITICAL CARE UNIT &
CARDIAC CATHETERIZATION LABORATORY**



Venue: Japan East West Medical College Hospital

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MEDICAL COLLEGE
HOSPITAL


HOTLINE-
10654
01958509222

Date: 11.09.21 | Time: 11:00 am

INAUGURATION CEREMONY OF
**CRITICAL CARE UNIT &
CARDIAC CATHETERIZATION LABORATORY**

CHIEF GUEST

PROF. DR. MIR JAMAL UDDIN
*Director and Professor, NICVD &
Secretary General,
Bangladesh Society of Cardio Vascular Intervention
Course Director, BRIC*



Venue: Japan East West Medical College Hospital

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Women Health Awareness

WOMEN HEALTH AWARENESS

ফ্রি হেলথ ক্যাম্পেইন

তারিখ: ৭ই নভেম্বর, ২০২১
সময়: সকাল ০৯:০০ টা - সন্ধ্যা ০৬:০০ টা

JAPAN EAST WEST MEDICAL COLLEGE HOSPITAL

HOTLINE: 10654 (01938509222)

WOMEN HEALTH AWARENESS

ফ্রি হেলথ ক্যাম্পেইন

তারিখ: ৭ই নভেম্বর, ২০২১
সময়: সকাল ০৯:০০ টা - সন্ধ্যা ০৬:০০ টা

JAPAN EAST WEST MEDICAL COLLEGE HOSPITAL

HOTLINE: 10654 (01938509222)

WOMEN HEALTH AWARENESS

ফ্রি হেলথ ক্যাম্পেইন

তারিখ: ৭ই নভেম্বর, ২০২১
সময়: সকাল ০৯:০০ টা - সন্ধ্যা ০৬:০০ টা

ডাঃ মাহবুবা সিন্ধা
ডাঃ এম আর করিম রবি
ডাঃ জামান উম্মে হুমায়েরা
ডাঃ ইনমত আহান

১। বিনামূল্যে রোগী দেখা এবং বিশেষজ্ঞ দ্বারা স্বাস্থ্য শিক্ষা।
২। পরবর্তী ১৪ দিনব্যাপী যেকোন পরীক্ষায় ২৫% ছাড়।
৩। পরবর্তী ১৪ দিনব্যাপী যেকোন সার্জারিতে ২৫% ছাড়।

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WOMEN HEALTH AWARENESS

ফ্রি হেলথ ক্যাম্পেইন

তারিখ: ৭ই নভেম্বর, ২০২১
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WOMEN HEALTH AWARENESS

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ডাঃ জামান উম্মে হুমায়েরা
ডাঃ ইনমত আহান

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আইচিনগর, জেবিসিএস সরনী, হরিরামপুর, তুরাগ, উত্তরা, ঢাকা-১৭১১

Free Health Campaign

Heart Failure Awareness Campaign

Kidney Disease Awareness Campaign

MRI Inauguration Ceremony

World Diabetes Day

World Heart Day

Health Checkup Camp

CLICK HERE

TO FIND ALL THE CAMPAIGN MATERIALS





Corporate Stationery

Business Card

Letterhead

Envelope

ID Card

Tissue Box

Business Card

The business card directly represents the company and brand to people. It should be considered as a formal and official document and should not be altered and loaded with additional messages.

Card Size

3.5"(w) x 2"(h)

Print Specifications

Double-side Print

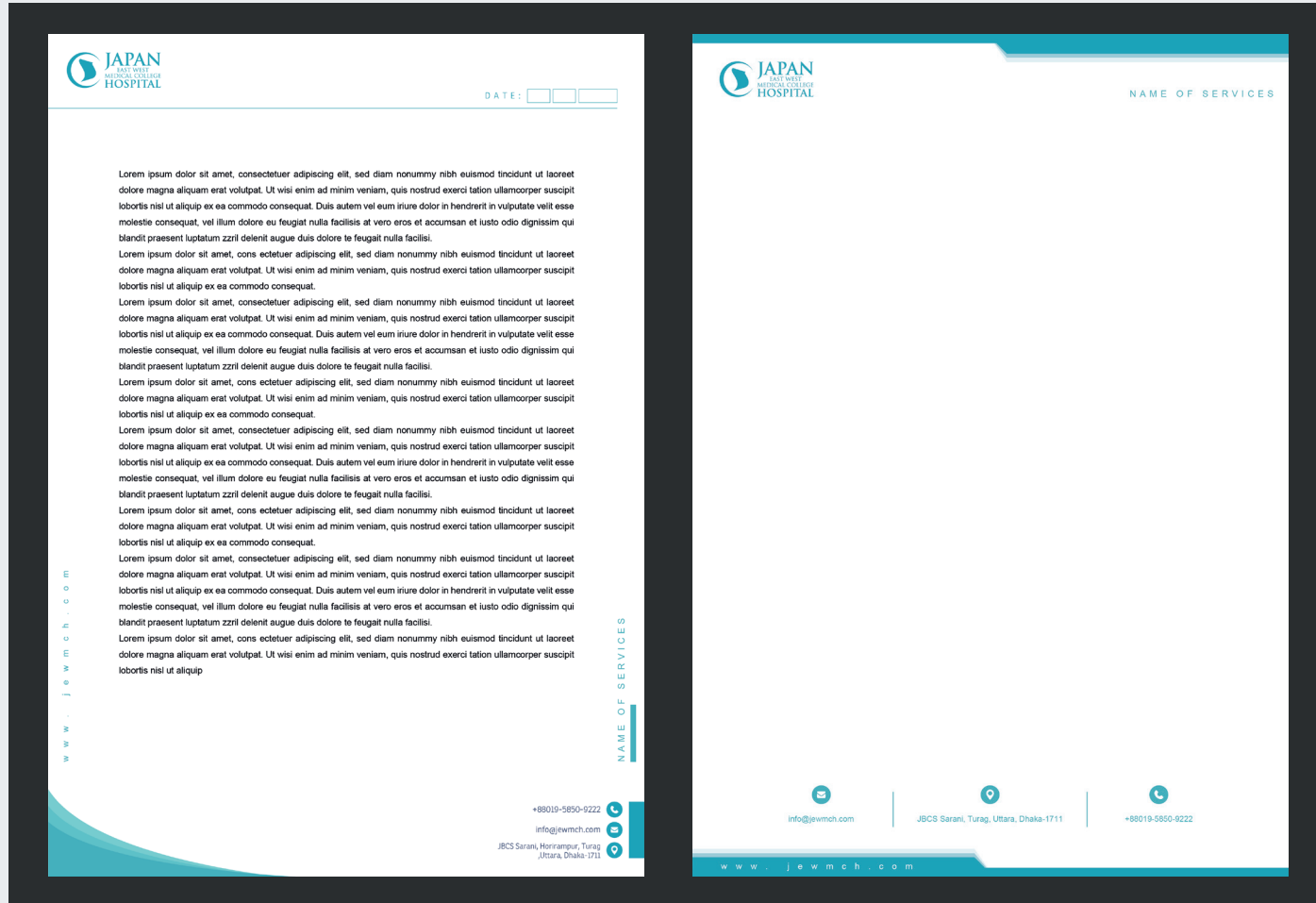
2 color gradient

Material

Art Card, 250gsm with matte laminate



Letterhead



Paper size

A4

Font: Cairo Regular

Font size: 8pt

Print Specifications

Single-side Print

Material

Conqueror Brilliant white 120 gsm



+88019-5850-9222
info@jewmch.com
www.jewmch.com
Aichi Nagar, JBCS Sarani, Horirampur, Turag,
Uttara, Dhaka-1711, Bangladesh



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HOSPITAL



Envelope



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www.jewmch.com

Aichi Nagar, JBSC Sarani, Horirampur, Turag,
Uttara, Dhaka-1711, Bangladesh



ID Card



Tissue Box



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info@jewmch.com | JBCCS Sarani, Horiampur, Turag, Uttara, Dhaka-1711 | www.jewmch.com

Why Choose us:

- 650 beds super specialty tertiary level hospital in Bangladesh
- Only hospital with Japanese management and JICA investment in Bangladesh
- Japanese physician and Nurses working for service improvement
- 24/7 Pharmacy service in the area
- Full range of diagnostic and therapeutic procedures available
- Advanced Japanese technology and machines
- First ever Modular OT complex
- Pathological tests and report generation by Japanese experts
- 24/7 CCTV and high standard security surveillance service
- Luxury cabins with all advanced health care support
- Japanese Standard Health checkup facilities and attractive packages
- Japanese standard cleaning and food services
- International Health Care within an affordable price





BTL

Vehicle Branding
Ambulance Branding
Podium
Digital Screen

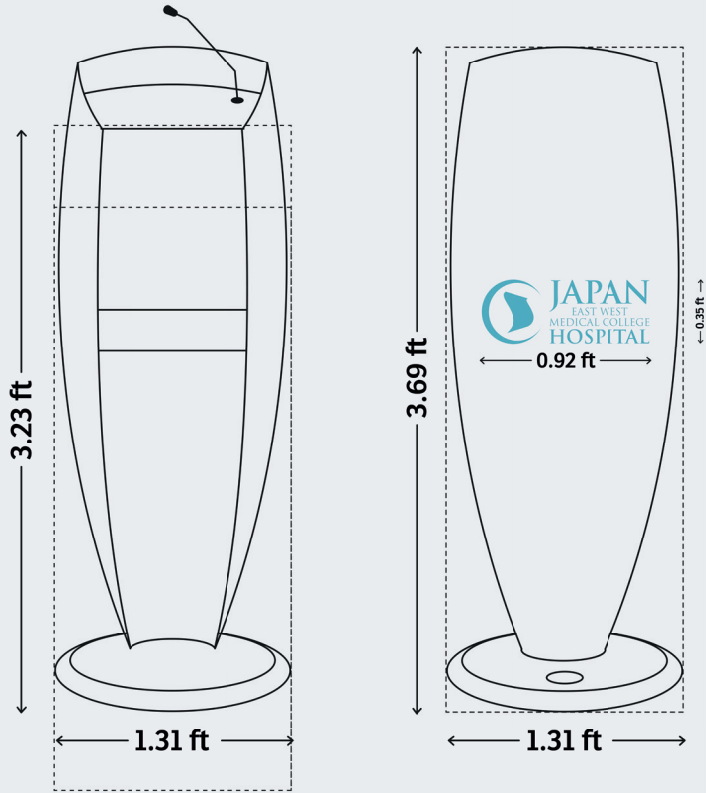
Vehicle Branding



Ambulance Branding






Podium







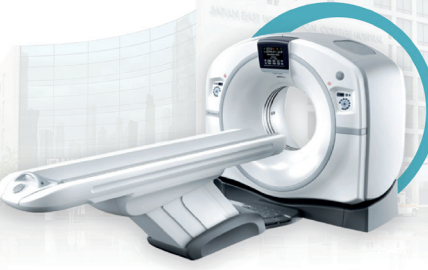
ক্যাথল্যাব সুবিধা





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HOSPITAL

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01938309222

জাপানিজ স্ট্যান্ডার্ড সর্বাধুনিক প্রযুক্তি



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করোনা মোকাবেলায় আমরা প্রস্তুত



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POSM

- Brochure
- Leaflet
- Card
- Magazine Ad
- X-Banner



Brochure



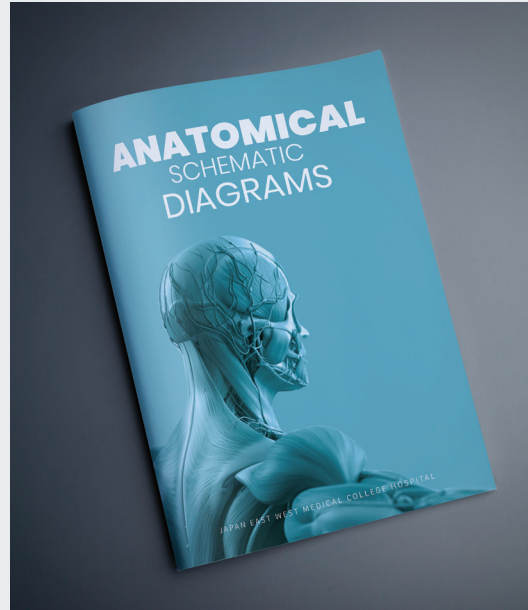
Brochure



Leaflet / Card



Magazine



X- Banner





Gift Items

Mug

Bag

Box

Calendar

Diary

Pen

Pendrive



Mug





Bag



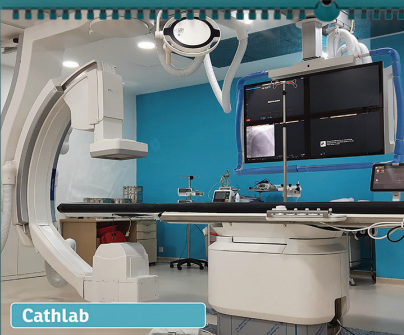


Box





Calendar



2022


January

Cathlab

SUN	MON	TUE	WED	THU	FRI	SAT
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Note _____

01




JAPAN
EAST WEST
MEDICAL COLLEGE
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HAPPY NEW YEAR

2022

www.jewmch.com

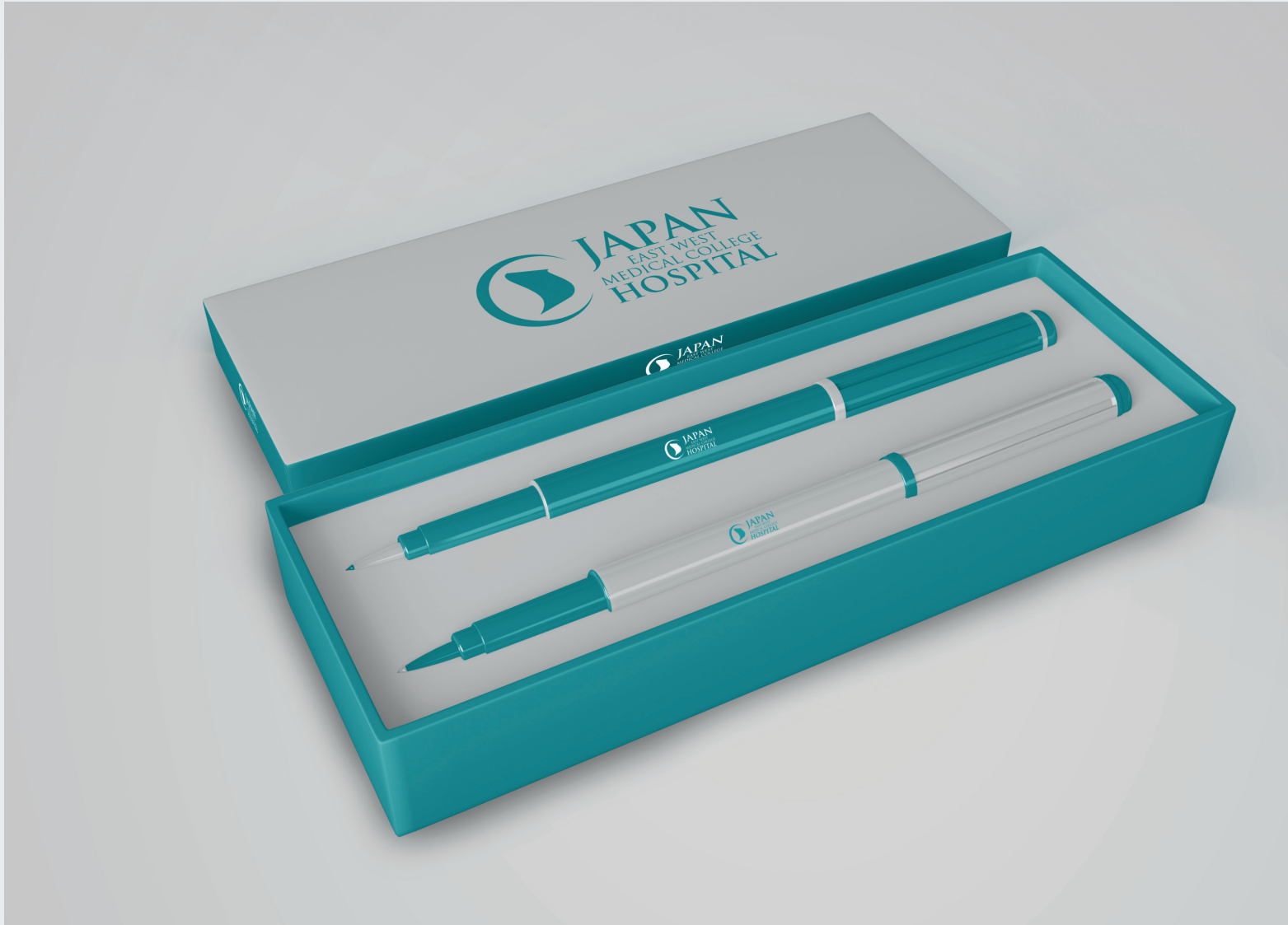


Diary





Pen





Pendrive



Other Branding Elements

Door Knob Hanger

Pharmacy Bag

Shop Sticker

Card Holder

Cake Design

CD Cover

Crest Design

Certificate

Form

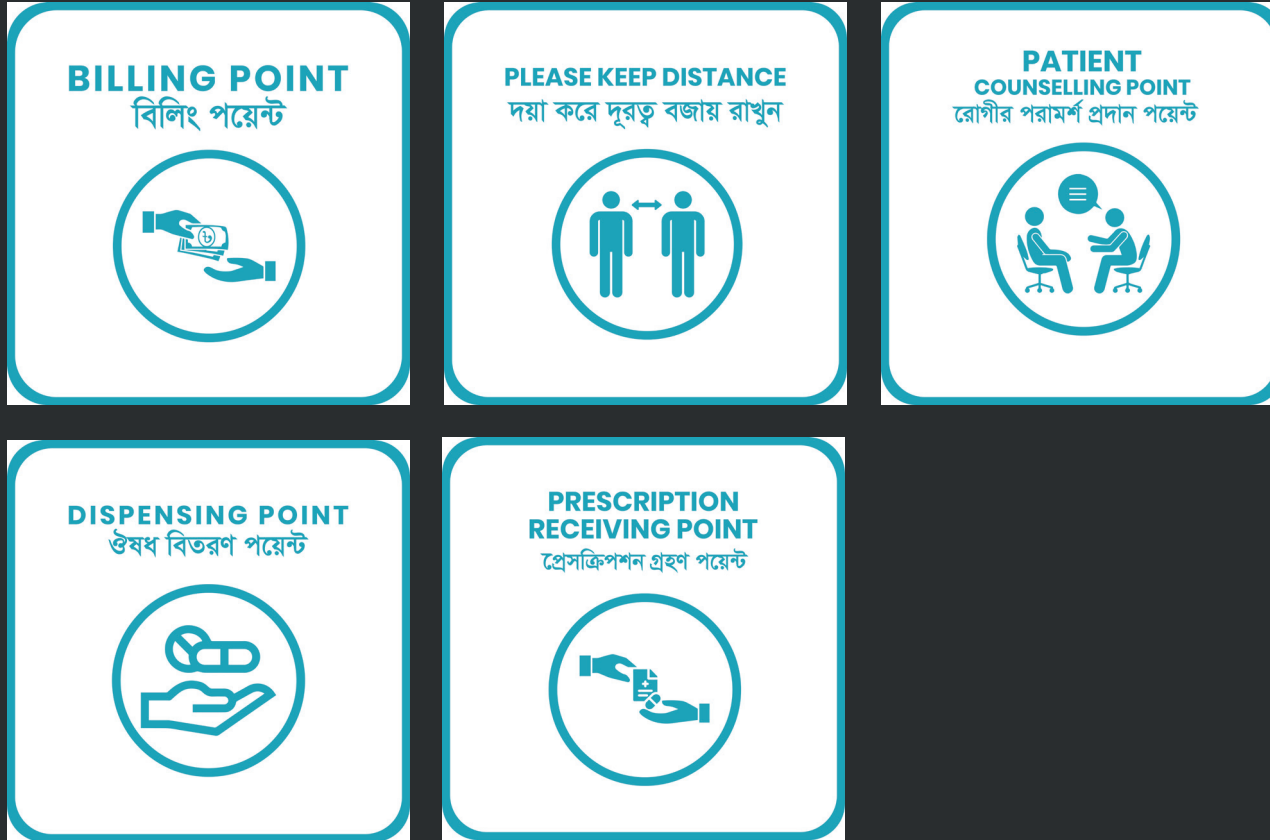
Door Knob Hanger



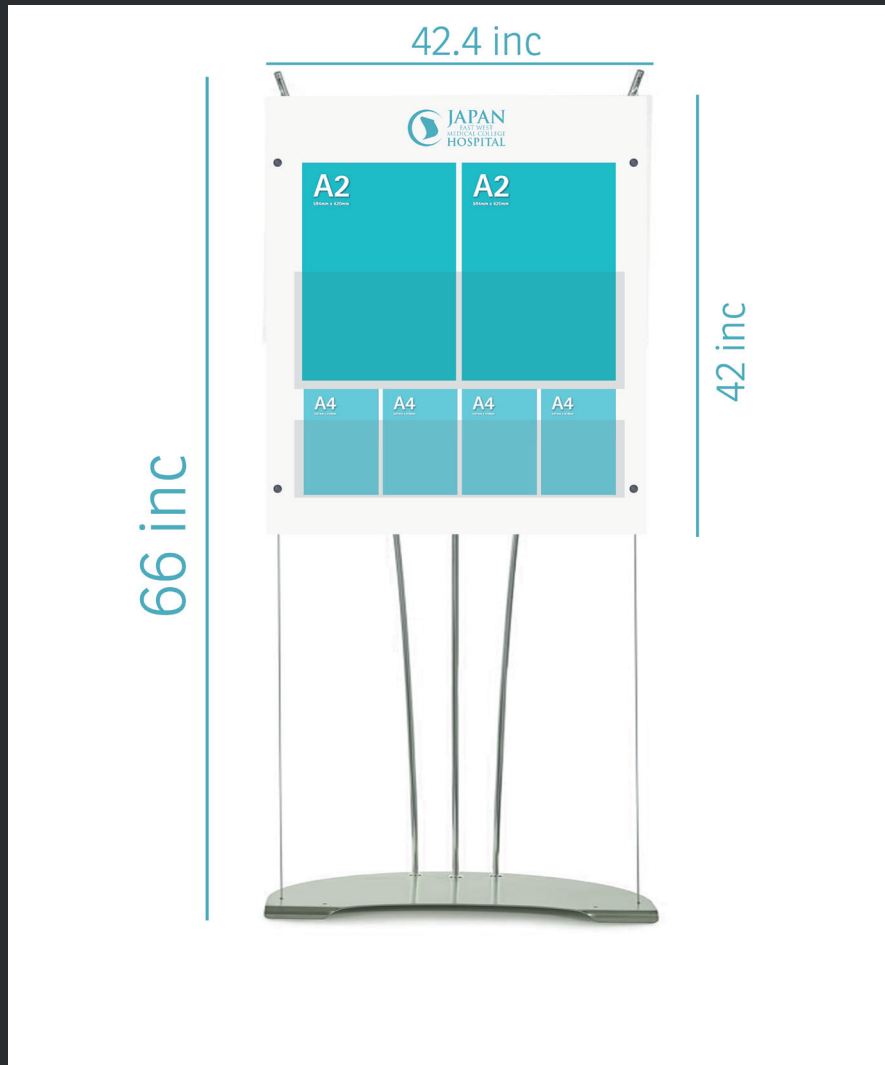
Pharmacy Bag



Shop Sticker



Card Holder



Cake Design





CD Cover



Crest Design





BEST EMPLOYEE AWARD



PROUDLY PRESENTED TO

DR. MASRIQUR RAZZAQUE

In recognition of dedicated & outstanding performance.

MANAGING DIRECTOR'S
SIGNATURE



DATE

Certificate



Birth Certificate

Newborn ID No: _____ SL. No: _____

Name: _____ Sex: _____

Date & Time of Birth: _____ Weight: _____

Mother's Name: _____

Nationality: _____ Religion: _____

Father's Name: _____

Nationality: _____ Religion: _____

Present Address: _____

Permanent Address: _____

Date of Issue: _____

Pediatric Consultant

 JAPAN
EAST WEST
MEDICAL COLLEGE
HOSPITAL

Medical officer IPD



Birth Certificate

Newborn ID No: _____ SL. No: _____

Name: _____ Sex: _____

Date & Time of Birth: _____

Mother's Name: _____

Nationality: _____ Religion: _____

Father's Name: _____


Nationality: _____ Religion: _____

Present Address: _____

Permanent Address: _____

Date of Issue: _____


Doctor on duty

 JAPAN
EAST WEST
MEDICAL COLLEGE
HOSPITAL

Medical officer

Form (MRI Consent & Checklist)

Form (Consent Form)



MRI REQUISITION, CHECKLIST AND CONSENT FORM

Name of Patient		
HIS Number:	Age:	Sex: M / F
Ward/ Cabin:	Bed:	
Phone Number:		

MRI of:

Checklist/ Pre-Requisites
(please tick/ cross All items)

***Does patient have any of the following ?**

Cardiac Pacemaker/ ICD

Ear/ Cochlear implant

Neurostimulator/ TENS

Implanted Drug Pump

Any Metal I/c Foreign Body

Pregnancy : _____ week/ month

Breast Feeding

Liver/ Kidney Disease

Artificial Heart Valve

Aneurysm clip/ Coil

Surgical clip / wire / staples

Orthopedic / spinal prostheses

Artificial joint / Limb

Artificial eye / eyelid spring

Medication patch

Tissue expander , e.g: Breast, Penile

Pessary, IUCD, Diaphragm

Radiation Seeds

Body piercing, tattoo, hair implant

Any specific allergy / asthma

Any History of anaphylaxis

Any history of epilepsy / seizures

Can the patient lie still during the 15-45 Minutes of the scan? Yes No

Breath hold duration : _____ sec

Serum Creatinine : _____ mg/ dL

eGFR: _____ ml/ min/ 1.73 m²

Name of Medical Officer :

Department: _____

For MRI Staff

Contrast used:

Amount:

Any adverse events:

Any Limitations in the scan:

Sedation Required:

Anesthetist:

Technologist: _____

History

(continue in blank space overleaf if required)

Rationale / Objective of This Test :

To diagnose / confirm / exclude / follow-up / compare / staging / grading of _____

Comorbidities : DM / HTN / Asthma / Others : _____

Any previous surgery / chemo / radiotherapy : _____

RELEVANT REPORTS *(continue in blank space overleaf if required)*

X-Ray : _____ USG : _____

CT : _____

MRI : _____

FNAC / Biopsy : _____

Serum markers : _____ Others : _____

Provisional / Clinical Dx : _____

Medical Officer (Name) : _____ Dept : _____

INSTRUCTIONS for PATIENT & ATTENDANT

Wash off ALL cosmetics / makeup / body oil / hair oil.

Remove ALL clothing and change into a hospital gown & slippers.

Remove ALL items listed here and lock them in the locker allotted to you, then hand over the key to your trusted person / escort.

- Jewellery, hair accessories, dentures / false teeth, hearing aids, eyeglasses, watches
- Loose metallic objects, eg coins, keys, pins
- ALL kinds of electronic equipment- mobile phone, ipad, tab, camera, headphone, power bank etc
- ALL kinds of electromagnetic equipment : memory card, hard disk, credit card, debit card etc

IMPORTANT INFORMATION for PATIENT & ATTENDANT

Please use the restroom before starting the scan.

A high resolution thin section MRI scan may take 15-45 minutes or more. Please wait patiently. The patient must remain still during the scan. No eating or drinking is possible during scan. Loud sound ("resonance") during scan is an integral part of MRI. It's nothing to be scared of. Please follow any other instructions provided by radiographer / technologist.

INFORMED WRITTEN CONSENT

I have read & understood the checklist. Hence, I agree to undergo MRI as per medical protocol. I have had the opportunity to ask questions and clarify related information. I agree to use contrast material via I/V, oral, per-rectal or other routes as required. I agree that my medical images and anonymised health records may be used for medical research.


উপরে উল্লিখিত আমি পড়ছি এবং বুঝি। অতএব, মেডিক্যাল প্রক্রিয়ায় আমি উক্ত এম.আর.আই. স্ক্যানিং নিতে সম্মত। সঠিক ব্যক্তিগত তথ্যকে এই সন্দর্ভিত প্রয়োজনীয় তথ্য প্রদান করব। প্রয়োজন অনুযায়ী, আমি শিরাস্থ, মুখ, পায়ুস্থ অথবা অন্য পথে বিশেষ ঔষধ (কন্ট্রাস্ট) ব্যবহারে সম্মত হচ্ছি।

উক্ত, এম.আর.আই. মাধ্যমে ধারণকৃত ছবি এবং আমার নামহীন স্বাস্থ্য রেকর্ড পরবর্তীতে মেডিক্যাল গবেষণায় ব্যবহৃত হতে পারে; এই ব্যাপারে আমি সম্মতি প্রদান করছি।

Signature : Patient _____ Attendant _____

M/O Radiology _____

MRI REQUISITION, CHECKLIST AND CONSENT FORM



Consent Form

HN No : Date :/...../.....

Name of Patient : Age : Gender :

Name of Consultant :

I,..... have explained the necessity, methods, risks and potential complications on the below.

Type of Consent :	<input type="checkbox"/> Procedure/Operation (Name:.....) <input type="checkbox"/> Medication (Name:.....) <input type="checkbox"/> Others (Name:.....)
-------------------	---

Explanation

Signature of the Consultant : Date :/...../.....

Signature of the Duty Doctor : Date :/...../.....

I acknowledge, that my doctor has explained to me that I will have procedure/operation or medications on the above. My doctor has explained the necessity, methods, risks and potential complications. My doctor also told me what could happen if any condition remains untreated. I therefore give my consent to my doctor.

Signature of the Patient/Attendant :

Signature of the Guardians/Surrogate :

Date :/...../..... Time :

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Form (Radiology & Imaging)



PREPARATION / PRE-REQUISITES FOR RADIOLOGY & IMAGING

BODY PART	SCANNING MODALITY	PRE-REQUISITE	INFORM
ALL Diabetic patient		<ul style="list-style-type: none"> Please bring your glucometer during scan Please have some snacks ready (to eat if sugar levels suddenly fall low) 	
Pregnant patient	X-Ray CT MRI	<ul style="list-style-type: none"> Requires approval of gynaecologist 	
Biophysical Profile	USG	<ul style="list-style-type: none"> Patient should have a good meal with plenty of water 1-2 hours prior to the study 	
TVS	USG	<ul style="list-style-type: none"> Bladder must be tightly filled with urine before scan → Drink 2 litres of water for 2 hours before scan to fill bladder MUST come on DAY-12 of monthly period MUST wear saree / maxi during exam Please bring 2 condoms 	<ul style="list-style-type: none"> Findings may be obscured if bladder not tightly filled
USG / CT Guided FNAC / Biopsy / Drainage		<ul style="list-style-type: none"> MUST preserve ANY previous biopsy / FNAC report & imaging films/report if present No solid/Liquid for 4 hours before scan Recent CBC, PT-INR report mandatory (maximum 7 days old) Anticoagulants (aspirin / clopidogrel / heparin / warfarin etc) must be stopped for 7 days before procedure 	<ul style="list-style-type: none"> Presence of a male guardian mandatory during the procedure
ALL CT / MRI		<ul style="list-style-type: none"> If contrast advised : S. creatinine report (maximum 7 days old) mandatory MUST preserve ANY previous CT / MRI films + report if present 	<ul style="list-style-type: none"> Patient must be completely still during scan (CT 1 minute, MRI 20 minutes) → restless patient may require anesthesia / sedation (extra charges involved) Radiologist may ask for contrast scan after seeing plain film → s. creatinine report necessary (extra charges involved)
ALL MRI		<ul style="list-style-type: none"> Ask : Did you have any previous surgery? ↓ Verbal / phone approval of concerned doctor mandatory if patient has any of the following — <ul style="list-style-type: none"> Cardiac pacemaker Artificial heart valve, cardiac shunt Any stent, aneurysm clip / coil Cochlear / other implant in ear Surgical rod, plate, screw, wire Dental cap, brace Prostheses / fixation device in spine / limbs Surgical clip / staples anywhere in body Impacted bullet 	<ul style="list-style-type: none"> Cannot wear perfume / powder / deodorant / tip / shidar / lipstick / eyeliner / kajol etc during MRI. Cannot take watch / mobile / keys or any metallic object into MRI area → must be given to an attendant outside MRI room before scan A high resolution thin section MRI scan may take 15-45 minutes or more. Patient must be able to remain still during that period and hold breath when instructed → restless patient may require anesthesia/ sedation (extra charges involved). Loud sound ("resonance") during scan is an integral part of MRI. Patient will be provided headset to reduce the sound. Radiologist may ask for contrast scan after seeing plain film → (extra charges involved).
Chest	CT MRI USG	<ul style="list-style-type: none"> X-Ray film (<i>s/- report</i>) required 	
Spine (C/S, D/S, L/S) Limbs (upper / lower)	MRI	<ul style="list-style-type: none"> X-Ray film (<i>s/- report</i>) of that part required 	
Lumbar spine (L/S)	X-Ray	<ul style="list-style-type: none"> No solid food for 6 hours before scan Only Liquids 	<ul style="list-style-type: none"> Findings may be obscured if abdominal gas present Do NOT stop regular medicines → take with water as usual

Abdomen KUB Pelvis	X-Ray	<ul style="list-style-type: none"> No solid food for 6 hours before scan Only Liquids 	<ul style="list-style-type: none"> Findings may be obscured if abdominal gas present Do NOT stop regular medicines → take with water as usual For x-ray KUB, patient may be advised 1-3 days' preparation by radiographer if needed
Whole Abdomen (W/A) KUB	USG	<ul style="list-style-type: none"> No solid food for 6 hours before scan Only Liquids Bladder must be tightly filled with urine before scan → Drink 2 litres of water for 2 hours before scan to fill bladder 	<ul style="list-style-type: none"> Findings may be obscured if abdominal gas present / bladder not tightly filled Do NOT stop regular medicines → take with water as usual
Whole Abdomen Lower Abdomen Pelvis	CT MRI	<ul style="list-style-type: none"> No solid food for 6 hours : only Liquids MUST preserve previous imaging studies & report of the concerned region if present (for MRCP → required) 	<ul style="list-style-type: none"> Findings may be obscured if abdominal gas present Do NOT stop regular medicines → take with water as usual
Upper Abdomen (U/A) Hepatobiliary (HBPS)	USG CT MRI / MRCP		
Lower Abdomen (L/A) Pelvis Prostate Pregnancy Profile before 4 months	USG	<ul style="list-style-type: none"> Bladder must be tightly filled with urine before scan → Drink 2 litres of water for 2 hours before scan to fill bladder 	<ul style="list-style-type: none"> Findings may be obscured if bladder not tightly filled
IVU CTU MRU		<ul style="list-style-type: none"> S. creatinine report (maximum 7 days old) mandatory USG report & X-Ray KUB film required 	<ul style="list-style-type: none"> MUST provide ANY previous CT / MRI films + report if present Patient will be advised 1-3 days' preparation by radiographer
Barium studies	Swallow Meal Follow thru Enema	<ul style="list-style-type: none"> MUST preserve previous x-ray film / USG report of the concerned region if present 	<ul style="list-style-type: none"> Patient may be advised 1-3 days' preparation by radiographer
CT / MR Enteroclysis CT Virtual Colonoscopy			
CT / MR ANGIOGRAM / ARTERIOGRAM / VENOGRAM	Limbs / Peripheral Brain Coronary Pulmonary	<ul style="list-style-type: none"> S. creatinine report (maximum 7 days old) mandatory MUST preserve previous x-ray / CT / MRI films & report of concerned region if present (required for Limbs) 	<ul style="list-style-type: none"> Patient must be completely still during scan (CT 1 minute, MRI 20 minutes) → restless patient may require anesthesia / sedation (extra charges involved)
ALL CARDIAC CT / MRI		<ul style="list-style-type: none"> S. creatinine report (maximum 7 days old) mandatory Previous x-ray chest / ECG / echo films & reports required No solid food for 4 hours before scan – only liquid No tea / coffee / cold drinks / smoking / jorda / gut (or any form of tobacco) / chocolate for 12 hours before scan 	<ul style="list-style-type: none"> Cardiac activity is affected by tea, coffee, cold drink, smoking, jorda, etc Drugs containing caffeine (e.g. Ace Plus, Napa Extra etc) MUST be stopped for 12 hours before scan Cardiologist / Radiologist will provide further preparatory advice (1-3 days) based on heart rate, BP, ECG / echo findings

If you have any question, please contact with Technologist.
Red colored exams are not available in present situation.

Form (CT Scan)

Form (Follow Up Sheet)



CT SCAN REQUISITION, CHECKLIST AND CONSENT FORM

Name of Patient		
HIS Number:	Age:	Sex: M/ F
Ward/ Cabin:	Bed:	
Phone Number:		

CT of:	Checklist / Pre-Requisites	History
<i>(Please tick/ cross All items)</i>		
*Does patient have any of the following ?		
<input type="checkbox"/> Pregnancy : _____ weeks / months <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver/ Kidney Disease <input type="checkbox"/> Diabetes Mel litus <input type="checkbox"/> Taking Metformin <input type="checkbox"/> Orthopedic/ Spina L Prostheses <input type="checkbox"/> Artificial joint/ Limb <input type="checkbox"/> Artificial Eye/ Eyelid Spring <input type="checkbox"/> Radiation Seeds <input type="checkbox"/> Body Piercing/ Tattoo/ Hair implant <input type="checkbox"/> Any Specific Allergy/ Asthma <input type="checkbox"/> Any History of Anaphylaxis <input type="checkbox"/> Any History of Contrast Reaction Breath Hold Duration : _____ Second Serum Creatinine : _____ mg/dL eGFR: _____ mL/ min/ 1.73 m ² Name of Medical Officer: Department:		<i>(continue in blank space overleaf if required)</i> Rationale / Objective of This Test : To diagnose / confirm / exclude / follow-up / compare / staging / grading of _____ Comorbidities : DM / HTN / Asthma / Others : _____ Any previous surgery / chemo / radiotherapy : _____ RELEVANT REPORTS <i>(continue in blank space overleaf if required)</i> X-Ray : _____ USG : _____ CT : _____ MRI : _____ FNAC / Biopsy : _____ Serum markers : _____ Others : _____ Provisional / Clinical Dx : _____ Medical Officer (Name) : _____ Dept : _____
For CT Staff Contrast Used Amount: Any adverse events? Any Limitations in the Scan? Sedation Required? Name of the Anesthetist: Technologist: _____		INSTRUCTIONS & INFORMATION for PATIENT & ATTENDANT Wash off ALL cosmetics / makeup / body oil / hair oil. Remove ALL clothing and change into a hospital gown & slippers. Please use the restroom before starting the scan. The patient must remain still during the scan. No eating or drinking is possible during scan. Please follow any other instructions provided by radiographer / technologist. INFORMED WRITTEN CONSENT I have read & understood the checklist. Hence, I agree to undergo CT as per medical protocol. I have had the opportunity to ask questions and clarify related information. I agree to use contrast material via I/V, oral, per-rectal or other routes as required. I agree that my medical images and anonymised health records may be used for medical research. উপরোক্ত তালিকাটি আমি পড়েছি এবং বুঝেছি। অতএব, মেডিক্যাল রীতি অনুযায়ী আমি উক্ত সি টি-সেবাটি নিতে সম্মত। সর্বাঙ্গীণ ব্যক্তিগত তথ্যকে এই সম্পর্কিত প্রয়োজনীয় তথ্যাদি প্রদান করেছেন। প্রয়োজন অনুযায়ী, আমি সিরাপিং, মুখ, পায়ুপথ অথবা অন্য পথে বিশেষ ঔষধ (কন্ট্রাস্ট) ব্যবহারে সম্মত হয়েছি। উক্ত, সি টি-সেবায় ধারণকৃত চিত্র এবং আমার নামহীন স্বাস্থ্য রেকর্ড পরবর্তীতে মেডিক্যাল গবেষণায় ব্যবহৃত হতে পারে; এই ব্যাপারে আমি সম্মতি প্রদান করছি। Signature : Patient _____ Attendant _____ M/O Radiology _____

CT SCAN REQUISITION, CHECKLIST AND CONSENT FORM



Follow Up Sheet

Name : HIN.....

Age : Gender..... Ward/Cabin No :

Diagnosis :

Date			
	Morning	Evening	Night
Time			
Subjective			
Objective			
General Examination	Pulse		
	Blood Pressure		
	Respiratory Rate		
	Temperature		
	SPO2		
Systemic Examination	Urine Output		
	Others		
Investigation Report			
Assessment			
Plan			
Name of Medical Officer			
Signature			

Form (Discharge Certificate)



ADVICE ON DISCHARGE :



DISCHARGE CERTIFICATE

Name of the Patient :.....
Age :..... Sex :.....
Father's/Husband's Name :.....
Address :.....
.....

Cabin/Bed No :..... Reg. No :.....
Date & Time of Admission :.....
Date & Time of Discharge :.....

Name of Consultant :.....
Diagnosis :.....
Treatment :.....

Signature of Medical Officer

Date :...../...../.....

IMPORTANT :

- Please preserve this certificate & any other papers relating to treatment for further reference.
- If needed & in any emergency contact us or your Consultant (as mentioned on the first page of this certificate)
- Please go through carefully all the instructions & advices mentioned in this certificate.



info@jewmch.com



JBCS Sarani, Horirampur, Turag ,
Uttara, Dhaka-1711



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Cath Lab Form (Pre & Post Procedure Order)



POST PROCEDURE ORDERS

1. Obtain a post procedure assessment:
 - a) Vital Signs
 - b) Condition of puncture site
 - c) Intactness of dressing
 - d) Circulation (Pulse Quality)
 - e) Sensation and movement on the limb distal to the access site
2. Ensure any vascular clamp like Leukoband (if in place) is in the correct position and adequate pressure applied and observe any sign of ischemia distally.
3. Attach arterial sheath (if in place) to a pressure tubing/transducer and monitor (It is to be removed as ordered by the consultant).
4. Attach CV line for CVP monitoring.
5. Take 12 lead ECG post PTCA / PPM / TPM.
6. Perform vital signs (HR, BP & Respiration):
 1. 1.5min x 1 hour.
 2. 30min x 1 hour.
 3. Hourly x 2 hours.
7. Perform minimum checks of access site and distal circulation:
 1. 1.5min x 1 hour.
 2. 30min x 1 hour.
 3. Hourly x 2 hours.
 4. 4 x 18 hour
8. Resume pre-procedure diet upon return to the unit.
9. Maintain bed rest:
 - * None
 - * 2 Hours
 - * 3 Hours
 - * Other.....Hours
10. For patient's comfort the head of the bed may be elevated to 10-30 .The patient may roll his/her leg.
11. Keep puncture site dressing in place until the
 - * Following morning for CAG.
 - * 48 hours after sheath removal (PTCA).
 - * As ordered by consultant for patient developing hematoma.
12. Start :
 - * Inf. Normal Saline 1 Liter @ 40 drops/min stat.
 - * Tab. N -Acetylcystine 2 tab stat (if Creatinine >1.2)
13. Check physicians order for
 - * IV fluids
 - * Release of anticoagulation/anti-platelet orders.
14. For symptomatic Bradycardia/hypotension (vasovagal reaction)
 - * Normal Saline 250-500ml bolus.
 - * Atropine 0.6-1mg IV Push, may repeat once in 3-5min.
15. For shivering
 - * Inj. Avil
 - * Inj. Cotson
16. Arterial Sheath
 - a) Leave in place.
 - b) Remove at.....AM/PM.
 - c) Remove 4 Hours after Heparin given in Cath-Lab.

Name of Doctor :
Signature :
Date & Time :



PRE-PROCEDURE ORDER (CATH LAB)

1. Obtain base line
 - a) Vital Signs
 - b) Height & Weight
 - c) Quality of pulse (Limbs)
2. Obtain informed written consent
3. Ensure that patient has patent I.V. access (preferably 18/20G)in
 - a) Left Forearm
 - b) Right Forearm
4. Ensure base line blood work
 - CBC,
 - Blood Grouping & Cross Matching,
 - RBS,
 - BT, CT, PT with INR
 - Serum creatinine, Urea
 - S. Electrolyte,
 - Viral Marker (HBV, HCV, HIV),
 - ECC,
 - Chest X-Ray,
 - Echo
5. Keep Patient NPO, from After
 - i. Soup
 - ii. Light breakfast
6. Start
 - i. Normal Saline infusion
 - ii. Dextrose with Normal Saline with.....U Inj. Actrapid (U-100)
7. Clip the hair at the anticipated site with surgical clippers. (Don't shave the site)
 - a) Right Femoral with Private Parts
 - b) Right Radial with Private Parts
 - c) Left radial with Private Parts
 - d) Nape of the Neck to mid-thigh
8. Remove all of patient's jewelry and contact lenses. (Eye glasses, hearing aids & dentures may be worn by patient).
9. Patient to wear clean hospital dress only without metal buttons
10. Medications:
 - a) Hold Aspirin/Warfarin/Acenocumarol/Actrom/LMWH/Other oral anticoagulant.
 - b) Discontinue Heparin Infusion 2 Hour before Procedure. (Check post operative) orders to determine, if/when it needs to be restarted.
 - c) Give all medication including oral cardiac medication, ASA, anti-platelets unless directed otherwise by the consultant.
 - d) Hold metformin & metformin containing medications prior to procedure. (Check with Diuretics, Insulin & Other oral diabetic agent).
11. Give pre-medications, if ordered:
 - a) Inj. Diphenhydramine 10mg.
 - b) Inj. Hydrocortison 100mg.
 - c) Inj. Ceftriaxone 1gm.
12. Give Loading dose, if not given by emergency:
 - a) Tab. Clopidogrel (75mg)-4pcs/Tab Ticagrelor (90mg)-2pcs/Prasugel (10mg)-6pcs.
 - b. Tab Disprin 300 mg-1pcs.
 - c. Tab. Atorvastatin 20mg-2pcs.
 - d. Tab. Pantoprazol 40mg-1pcs
13. Mark Bilateral Dorsalis Pedis & Posterior Tibial pulses.
14. Paint the patient's body from Neck to Umbilicus with Betadine 10%:
 - a) A day before procedure (in evening).
 - b) On the day of procedure.
15. Insert:
 - a) Condom Catheter.
 - b) Foley's Catheter [under aseptic precaution (12F, 14F, 16F, 18F)].

Name of Doctor :
Signature :
Date & Time :

THANK YOU